



01272.020422

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application f:)
: Examiner: L. Nguyen
TETSUHIRO MAEDA ET AL.)
: Group Art Unit: 2861
Application No.: 09/629,093)
:
Filed: July 31, 2000)
:
For: INK JET PRINTING APPARATUS)
AND INK JET PRINTING METHOD : Conf. No.: 4401
FOR FORMING AN IMAGE ON A)
PRINT MEDIUM (As Amended) : December 23, 2003

24/7
July 31/2
Cherph
1.22.04

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER ALLOWANCE

Sir:

The issue fee has not been paid in this application. However, Applicants respectfully request that the above-identified application be amended as follows pursuant to 37 C.F.R. § 1.312. The claim amendments are reflected in the listing that begins at page 2. The Remarks begin at page 33.

Match and Return



B

In re Application of:

Docket No. 01272.020422

TETSUHIRO MAEDA ET AL.

Application No.: 09/629,093

Examiner: L. Nguyen

Filed: July 31, 2000

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For: INK JET PRINTING APPARATUS
AND INK JET PRINTING METHOD
FOR FORMING AN IMAGE ON A
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P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Allowance in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 42	MINUS	** 42	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 25	MINUS	*** 25	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicants

Registration No. 28,296

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